

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10912</u>	2. Fiscal Year Covered From: <u>10/1/04</u> Through <u>12/31/05</u>			
3. Name and address of person filing. Name <u>Lawrence J. Bochler</u>				
P.O. Box, Bldg., Room No., if any <u>Po Box 773306</u>	4. Name, file number, and address of labor organization. Name <u>United Food & Commercial Workers 1496</u> Labor Organization File Number <u>002580</u>			
Street <u></u>	P.O. Box, Building and Room Number, if any <u>501 W. Northern Lights Blvd.</u>			
City <u>EAGLE RIVER</u>	Street <u></u>			
State <u>ALASKA</u>	ZIP Code + 4 <u>99577-14</u>	City <u>Anchorage</u>	State <u>Alaska</u>	ZIP Code + 4 <u>99503-14</u>
5. Position in labor organization. <u>BUSINESS Agent / Secretary Treasurer</u>				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>
P.O. Box, Bldg., Room No., if any <u></u>	7.b. Amount. <u></u>
Street <u></u>	
City <u></u>	
State <u></u>	ZIP Code + 4 <u></u>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Lawrence J. Bochler

On 8/15/05

Date

907 699 2520

Telephone Number

Name of Person Filing

Lawrence Boehler

File Number U-

B. Held an interest in or received income or economic benefit with monetary value from a business (1) a
corporation, partnership, proprietorship, joint venture, or other entity with which the business
had a relationship.

11.a. Nature of such interest

Name of Person Filing

Lawrence Butler

File Number U-

(1) I am engaged in or engaged in attempting to negotiate contracts with insurance companies to be
of an employer whom your labor organization represents or is actively seeking to represent, or
(2) any I am engaged in or engaged in attempting to sell or lease directly or indirectly to, or otherwise
to a company which has a direct or indirect interest in which your labor organization is interested.

- a. Labor Organization
 b. Trust
c. Employer

of such dealing.